

MDR Tracking Number: M5-04-3959-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-19-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The hydrocodone, piroxicam and diazepam from 8-26-03 through 5-6-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c). This Decision is applicable for dates of service 8-26-03 through 5-6-04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 7th day of December, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

November 24, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3959-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Family Practice which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1978. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 51 year-old female injured her back on ____ while lifting some material that was relatively heavy. She has been treated with medications, therapy and epidural steroid injections.

Requested Service(s)

Medications: Hydrocodone, Piroxicam, and Diazepam for dates of service 08/26/03 through 05/06/04

Decision

It is determined that there is medical necessity for the Hydrocodone, Piroxicam, and Diazepam for dates of service 08/26/03 through 05/06/04 to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates the patient suffered a back injury in ____ and underwent surgery for this injury. She has had some improvement in pain relief but does continue to have pain. The use of Hydrocodone, Piroxicam, and Diazepam are effectively managing the pain and allowing the patient the ability to perform activities of daily living. The use of these medications are appropriate and necessary for this patient to endure her pain and start the process of tapering the use of pain medications as she improves. Therefore, the Hydrocodone, Piroxicam, and Diazepam were medically necessary of dates of service 08/26/03 through 05/06/04 to treat this patient's medical condition.

Sincerely,